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DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

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RUBEOLA, MORBILLI, OR MEASLES.

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[Reported for this Journal.]

THE first of these titles, or rubeola, was formerly written rubiola, or rubiolo, it being derived from the Spanish *rubio*, and came to be changed to *rubeola*, as directly proceeding from the Latin *rubeo*, to be red, or to blush. Morbilli, or morbillo, is a term also of Spanish origin, being a diminutive of *morbo*, and was employed to designate the disease as a lesser degree of small-pox, the greater malady, with which it had been confounded. Meaning mottled, or speckled, the term measles, which is an old English word, was obviously applied to the affection from its presenting such an appearance.

This disease was brought into Europe at the same time, and probably from the same place, as small-pox, and ran so nearly the same course, that it was supposed, as already intimated, to be merely a modification of the latter, and as such, is described by the Arabian writers, who were the first to notice it. As late, indeed, as the period of Diembrenbroeck and Morton, both of whom have given accounts of it, the notion of the identity of the two diseases was still entertained. To Sydenham, the contemporary of these writers, we are indebted for the earliest accurate and discriminating history of measles, and to which, excepting the later contributions of Watson, who wrote in 1763, and the still more recent inquiries of Willan, by each of whom a supposed variety or modification of the disease is pointed out, nothing scarcely has been supplied.

The more common form of measles is entitled *rubeola vulgaris*, and which is usually ushered in by alternate chilliness and heats, languor, pains in the loins and limbs, soon succeeded, in many instances, by anorexia, thirst, sickness of stomach, or vomitings, with whitish tongue, fulness or aching of the head, cough, or rather defluxions from the nostrils and eyes, which latter are somewhat swollen and red,—in the whole resembling the incipency of catarrh, complicated by gastric irritation. These symptoms, in different cases, vary in the order of precedence, and in degree, and combination. Either the gastric, or pulmonary, may be anticipatory, or the two simultaneously burst forth, or the one preponderate, or an equality exist between them,—and in other respects, there are diversities.

Nearly from the commencement, the fever which quickly follows, is usually considerable,—though at times, for the second or third day light, becoming higher,—and is particularly marked by an increase of heaviness and somnolency before the eruption, which mostly appears about the fourth day. Cases, however, are recorded, and some I have met with, of its taking place with little premonition,—others,

in twelve or twenty-four hours, and many of its being postponed to the sixth or seventh day. Twice I have seen it appear on the tenth day, the fever having distinctly intermitted, and Buckholtz has reported a case where it was delayed till the twenty-first day.

The eruption is primarily displayed on the face and neck, where it is always most prominent,—and successively, on the different parts of the body. It comes out in small reddish spots, distinct, circular, a little elevated, and more florid in the centre than the edges. These gradually enlarge, and by a confluence, or running into each other, form patches of a crescentic or semi-lunar shape, with spaces between them, where the skin preserves its natural colour. In the middle of some of these maculae a slight vesicle is occasionally observable, and I have known the eruption in several instances to approach in aspect an imperfect varicella. Generally, on the trunk and extremities, it differs from that on the face, in being merely an efflorescence in patches without any elevation. It also may partially come out as welts, resembling the inflictions of the rod or whip, which anomaly, though not usually noticed, I have repeatedly met with, and uniformly in concurrence with regular measles elsewhere on the body.

By some writers it is declared, that the exantheme may extend to all the passages of the interior to which the atmosphere has access. They describe it on the gums, and throughout the mouth and fauces, and on the surface of the pharynx, œsophagus, larynx, and trachea; and, by one of them, as even on the occluded contents of the thoracic and abdominal cavities. But the latter clause of the statement I entirely distrust. That it may exist in the throat, I am satisfied from my own observations, and can discern no reason why it might not be in the windpipe. May not, indeed, the croupy affection incident to the second or more advanced stage of the disease be caused by it?

The eruption retains its redness, which I have said is seldom or never of a deep hue, for two or three days, and then assumes a fainter colour, when it gradually vanishes altogether, and is followed by a mealy or branny desquamation. But a peculiarity has been indicated with regard to the termination of the eruption, to which I must advert. It sometimes happens, that about the seventh or eighth day, the rash becomes livid, with a mixture of yellow, continuing for ten days or longer. This is the *rubeola nigra* of Willan, by whom, I believe, it was first remarked, though not as an alarming occurrence.

The eruption, in every variety of the disease, is rarely followed by an immediate abatement of the febrile symptoms. An exacerbation, indeed, oftener takes place, manifested by an increase of the pulse, heat of surface, more embarrassed respiration, cough, and soreness of the chest and abdomen, by

greater turgescency of countenance, headach, or stupor, and in children especially, by a croupy hoarseness or watery diarrhoea. The nausea, vomiting, and other gastric or præcordial distress, usually cease as soon as the eruptive stage is over. Mostly the fever continues in some degree until the desquamation is completed, and may even to a later period. Yet the cough which forms such a prominent symptom, is ordinarily still more protracted,—lingering, at times, with great obstinacy. In some cases, so violent is the thoracic affection, as to amount to bronchitis, or pleurisy, or peripneumony, and croup has been noticed frequently in children. These may take place in any stage, and especially by an imprudent exposure to cold about the period of convalescence.

Measles is more purely inflammatory than any of its affiliated affections, to which, however, as to all general rules, there are exceptions. On some occasions, it assumes a character directly the reverse, the fever being real typhoid, and maybe little short of typhus gravior, which form of the disease has been called *putrid measles*. It was first described by Watson, and usually prevails as an epidemic. The most remarkable instances of its occurrence of which I have read, were at Plymouth in 1745, in London in 1763, and at Edinburgh in 1816. Extreme debility is represented early to supervene, with restlessness,—a constant propensity to vomit, and much disturbance of the cerebral functions,—sometimes fierce delirium, though more commonly coma, a dry, hard, or loaded and black tongue, swelled and mahogany coloured fauces, with an imperfect eruption, of a livid complexion, so much disposed to recession, that it takes place several times in the twenty-four hours.

As has been conjectured, it is not improbable, that the disease to which this description applies, was really scarlatina, having in regard to the throat affection especially, a greater resemblance than to measles. That the latter may assume the congestive state, it is, however, neither unreasonable to suppose, nor wanting in positive proof of its actually occurring. But it was chiefly distinguished as I have seen it, by a colder and paler collapsed skin, more gastric and cerebral disorder, by a greater sense of oppression, a less perfect developement of the eruption, and which was of fainter hue than ordinary, with an almost irresistible tendency to recede. Cases of it, I have indeed sometimes met with in which there was little or no catarrhal or other pulmonary affection, the alimentary canal and brain seeming exclusively to suffer, and here, constant vomiting, or purging, or both, as in cholera, with stupor and low delirium, and a purplish or livid eruption, interspersed by petechiæ and vibices, were the prominent characteristics.

There is a further modification of the disease, or so it is considered by some, termed *rubcola sine catarrho*, to which attention was first called by Willan. It occasionally prevails in this country, and is recognised by the familiar title of French measles. Characterized by the general symptoms of genuine measles, it differs from it in comparative mildness, the absence of catarrhal affections, as its name imports, the earlier appearance of the eruption, which is diffused in specks over the surface, and not arranged in a succession of definite cres-

cents, and by a more transient continuance, usually subsiding in twenty-four hours. It may exist separately or in conjunction with common measles, and I have seen an attack of it succeeded by one of the latter in the course of eight or ten days. Being admitted to afford no protection in this respect, it is probably an efflorescence of another nature, dependent on some very different cause, or if at all of a morbillous character, it is illegitimate, and in this view is aptly called *rubcola spuria*.

What were the circumstances under which measles was generated, we know as little as of the origin of its kindred affections, and scarcely more of the cause of its periodical visitations. It sometimes occurs sporadically or sparsely, more commonly as an epidemic, "breaking out at the beginning of winter, increasing till the vernal equinox, and dying away towards the summer solstice,"*—though no season escapes, having seen it thus to occur in summer, and it is often the precursor or concomitant of variola or scarlatina, or some other of the exanthematous fevers.

It has been maintained, that it returns regularly once in seven years, and in support of the opinion facts are adduced. As a result of a thorough research into the subject, Professor Caldwell, now of Louisville, affirms that, beginning at the year 1772, and passing down to a period including fifty years, it prevailed epidemically in this city and vicinity, about every sixth year. How far this statement is correct, or on what data it is founded, I have no means of determining. Certain it is, however, as regards the later portion of this series of time, the fact has been otherwise. During the last thirty-five years, I do not think that we have had an exemption, for any long interval, from the disease. It may have been suspended for a year or more, though almost annually it might be met with, either sporadically or generally.

Excepting influenza, measles spreads perhaps more rapidly and diffusively in some instances, than any other epidemic. Not to cite other evidence of it, in the year 1801, in a few months, it overran nearly the whole of the United States, and in 1823, was scarcely less pervading. Nor is it improbable, that in such instances, its influence is extended to the brute creation. During its prevalence just alluded to, it is said, many of the domestic animals suffered severely from fever with catarrhal defluxions. But though thus observant of the epidemic character, there is still sufficient reason to suppose, that the immediate cause of the disease is a specific contagion, proving more or less operative, according to the constitution of the season, in this respect conforming to other analogous affections. Let me repeat here, that because a disease is an epidemic it is not necessarily uncontagious; in proof of which, among other instances, small-pox, the most conspicuously dependent on contagion, very frequently assumes this character, spreading rapidly and widely.

Existing epidemically, measles, it would appear, may be taken without any communication with the sick, or breathing the air of a room contaminated by such having recently occupied it. The atmosphere, seems to a great extent, to be infected during

* Sydenham.

the wide prevalence of the disease, and the inhalation of it any where within the vitiated limits, may adequately operate to this end. Facts are wanting to show decisively whether it can be disseminated by families, though I can scarcely doubt it. Nor is it better ascertained, at what stage of the disease the contagious property is evolved, or when it attains its greatest activity. Most probably, in each particular, it is subsequent to the eruption.

Notwithstanding the evidence to the contrary, I cannot think it one of those affections capable of propagation by inoculation. Experiments, I am aware, are appealed to, instituted by Home, then Professor at Edinburgh, who asserted, that inoculation succeeded, with great certainty, and produced a milder disease. This he effected by an application of cotton dipped in the blood of a patient with measles, to a scratch or slight incision in the skin. The fever, we are told, followed in six days,—was comparatively light, and without any disorder of the pulmonary organs. These experiments, however, seem never to have been confirmed; and their accuracy is questioned by most writers, and pointedly by Cazenave, in his late work on cutaneous diseases. By Willan it is reported, that he inoculated three children with the fluid of the vesicles, without any effect. But he cites the testimony of a Mr. Wachsel, who says that he succeeded in several instances where the operation was performed in the same mode.

To this point such is the only proof so far as I know, and my researches have not been limited. That it is not satisfactory, may be made, I think, very readily to appear. Could inoculation be practised with the certainty, and the beneficial effect attained in the mitigation of the disease, which are alleged, why, I demand, has not such an expedient been universally adopted, as was formerly the case with small-pox? Does not this fact alone, sufficiently invalidate the averments on the subject? But further, we learn that Thurmen and Tilligen utterly failed in their trials; and it is understood, that experiments were instituted in our Dispensary in 1801, in which the blood, the tears, the mucus of the nostrils and bronchiæ, the eruptive matter on the cuticle, properly moistened, were all tried without the least success. It is not unlikely, that in the few instances of alleged success by inoculation, the individuals had been previously exposed to the infection of the disease, and to this mode may its production be properly ascribed, the coincidence being mistaken for the effect, one of the most common sources of vitiation of our medical inductions.

The common opinion is, that the latent period of the morbillous contagion is eight days, or in other words, that the disease breaks out after an exposure to its cause, in that time, though on this point there is not unanimity,—Willan, for instance, making it from ten to fourteen days. Careful and extensive observations have satisfied me that the last is the incubative period, in this, too, among some other particulars, resembling small-pox.

Can measles be had a second time? That it is contrary to the tenor of the disease, is abundantly established. Yet anomalous cases do occur, among the most authentic of which, an account is given by the celebrated Baillie, of eight persons in the same family. In 1823, as prelusive to the varioloid

epidemic, measles prevailed of a very malignant kind, very extensively in this city, and on that occasion several repetitions of it were observed. Failures of protection, however, may, perhaps, to a certain extent, be ascribed to the former attacks being of that variety of the disease entitled *rubeola sine catarrho*, which does not impair the susceptibility to genuine measles. Nevertheless, Willan and others have remarked, that under circumstances of epidemic prevalence, it is not uncommon for those who previously have had the genuine disease to be seized by a rubeolous fever, without any, or at all events, a very slight eruption. It, on the whole, may be, in this respect, assimilated to small-pox.

Not a little curious is it, that measles takes so firm a possession of the system, that its peculiar action is not readily supplanted by diseases apparently more violent, in proof of which, the case of small-pox may be adduced. Generally it has happened, that where the two affections co-existed, measles in a short time acquired the ascendancy, and after running its course, small-pox was re-developed. Examples, however, are recorded by Russel, of the two diseases passing through their regular stages, without impairing the force, or in any way affecting or modifying each other. But the most striking instances, perhaps, are those related by Dr. King, who tells us, that he inoculated with variolous matter forty-three children in the Foundling Hospital at Dublin, of whom sixteen sickened with measles, four or five days afterwards, and the small-pox appeared in due season, without apparently being at all influenced by the circumstance.

(To be continued.)

DR. KITCHEN on *Nux Vomica* in *Dysentery*.

To the Editors of the Medical Examiner.

THE more than usual prevalence of dysentery during the autumns of 1837 and '38, has elicited some remarks from a few practitioners in relation to its treatment. Among these remarks, I have been somewhat surprised to see no mention made of the *nux vomica*, which, from the success I have had with it, I have been, at times, almost inclined to look upon as a specific in this disease. It has been in use in Germany many years. The practice appears to have originated with Hagstrom, a Swedish physician, and has been highly recommended by Hufeland, Thomann, Richter, Most, Frisch, and Recamier. Vaux, of Ipswich, used it, almost specifically, in two hundred cases, (see Armstrong's Lectures;) Geddings, with success, in obstinate cases, (Am. Arch. Med. Science, Nov., 1834, and Brit. and For. Med. Rev., Jan., 1836;) Mackintosh praises it in his Practice, and refers to a trial with it, or the alcaloid, strychnine, by Graves and Stokes, published in their Clinical Reports of the Meath Hospital, Dublin. I have never used the alcaloid, the *nux* always answering my views; should, however, the stomach not retain the powdered *nux*, in the doses of five or seven grains three times a day, the alcaloid might be given, or probably the following, in preference: *R. Nucis Vom. ʒi. infunde in aquâ ferv. q. s. per ½ hor., ut reman.*

℥vi., cola et adde Tinct. Opii ℥ss. table-spoonful every two hours.

I have been induced to offer the above remarks, in addition to those already published in the Examiner and other periodicals, having been so well pleased with the remedy myself, and not having seen it referred to by any practitioner or editor; they probably have never made a trial of it, or the cases in which I administered it may have been unusually mild and well chosen for the remedy. We all have our favourite remedies and our favourite modes of practice. Meigs has his nitrous mixture, La Roche his copaiba, and Miner his capsicum: there may be cases in which all these will fail, and the nux vomica may then be worthy a trial. Without attaching undue value to the results of my own experience, the sanction of the names which I have above cited entitles the remedy in question to the notice of the profession.

JAMES KITCHEN.

Philadelphia, October, 1838.

FOREIGN CORRESPONDENCE.

Observations on the Efficacy of the Salts of Silver in the Treatment of Secondary Syphilis, by WILLIAM P. JOHNSTON, M. D., of Georgia, and JAMES TRUDEAU, M. D., of Louisiana.

IN 1813, Mr. Serre, of Montpelier, published a short essay, in which he recommended the salts of silver in the treatment of venereal affections. Many of the French physicians, among whom we may mention Mr. Cullerier, Surgeon to the Venereal Hospital of Paris, have tried these preparations in a number of cases, and though they do not indiscriminately recommend this treatment, are still disposed to acknowledge its partial efficacy. During the past year, Mr. Bielt has himself been experimenting with the silver, in several cases of secondary syphilis. Previous to giving the cases, which we have collected in his wards, relative to this mode of treatment, we will briefly review the essay of Mr. S., which may not yet have reached our country. The essay contains twenty-five cases. Of these, there were seventeen of the primary, and eight of the secondary form of syphilis. Of the former, including chancres, phymosis, buboes, and gonorrhœa, the exact duration of the disease is given in eight cases only, the average of which was more than two months. In the remaining nine of the primitive form, Mr. S. has either neglected to inform us of the date of the entrance of his patients, or the date of their discharge, so that it is impossible to say how long the patients were under treatment. In one of the above cases the duration was five months; the patient was first treated by the chloride of platina, and afterwards by the chloride of silver; but we are not informed how long either the one or the other was continued. We cannot, therefore, in this case, appreciate the effect of the silver. The twenty-third observation presented chancres on the penis and scrotum; this, Mr. S. considered as a case of secondary syphilis, because the patient declared he had not exposed himself for eight months previous. But, it seems to us, the description given by Mr. S. differs in

nothing from an ordinary case of primary chancres, and hence we have included it in this class. This patient took seventeen grains of the chloride of silver, and eleven grains of the bichloride of mercury, before a cure could be effected. The number of cases of primary syphilis treated by the salts of silver contained in the essay of Mr. S., are, we think, too few in number, and the history too imperfect, to enable us to arrive at any correct conclusion, as to the real efficacy of silver in the treatment of this form of the disease. But we cannot but think that a remedy that requires an average of two months to cure an ordinary chancre or a bubo, is not deserving much consideration.

Of the eight cases of secondary syphilis, the first (case No. 8) exhibited condylomatous tumours around the anus, with ulceration of the fauces. The patient was discharged cured; duration of treatment not given. In the second, (case No. 15,) the patient's body was covered with lenticular pustules. He was discharged, still exhibiting traces of the disease; duration of treatment not given. In the third, (case No. 16,) there were chancres, exostosis, pains in the bones. The patient was discharged after a certain time, the exostosis remaining the same as at his entrance; duration of treatment again not given. The fourth, (17th case,) exhibiting vegetations of a secondary form around the anus, was cured in thirty days. The fifth, (case No. 19,) had copper coloured spots covering the body. In this case, the silver was at first administered, and failed. The cure was effected by the bichloride of mercury. The sixth, (case 21,) secondary ulceration of the glans penis, cured; duration not given. The seventh, (case 24,) was affected with spots, of various sizes, covering the whole of the body. The oxide of silver was given, until the patient had taken as high as sixteen grains. The bichloride of mercury and sudorific drinks were then administered. The patient improved under this treatment, but was discharged before a cure was completed. The eighth, (25th case,) had pustules upon the scrotum and penis, with ulcerations of the foot. The patient was discharged, cured, after two months of treatment. In four months the disease re-appeared, and he was obliged to enter another hospital. Of these eight cases, the bichloride of mercury was resorted to, after the silver had failed, in two cases. In a third, the silver had no effect upon the exostosis. The fourth was discharged before a complete cure was effected. In a fifth, the disease reappeared. The sixth, consisting merely of an ulceration of the glans penis, was cured, but duration not given. Why Mr. S. considered this as secondary syphilis, we cannot say; he ought, perhaps, to have classed it among those of the primitive form. The remaining two, which, by a remarkable coincidence, prove to have been the mildest of the cases detailed, were cured; one in thirty days,—in the other the duration is not given.

After this success, Mr. Serre came before the public, recommending a substance as yet untried, at least in modern times, in the treatment of venereal affections, appealing to his cases as an evidence of its happy influence, both in the primary and secondary forms. Had the subjects of his observations been men of depraved constitutions and

given to excesses, or accustomed to a nutrition at once scanty and unwholesome, we might perhaps have thought, with him, that two months was but a short time to cure a chancre or a bubo. But so far from this being the case, we are told that his patients belonged to the army; and as he does not declare to the contrary, we think we are entitled to believe that they, like the rest of the French army, received a good and wholesome nourishment, and were men of good constitutions.

Before dismissing the essay of Mr. S., we will briefly describe the mode and forms in which the silver was administered. Frictions on the tongue were the most usual method, and that to which he gives the preference. Pills were given in a few cases only, and an ointment was sometimes applied locally. For frictions, he followed the rules prescribed by Dr. Chrestian, in his jatralyptic method; that is, mixed with a large quantity of inert powder. The dose depended upon the preparation employed. The chloride of silver, and the chloride of silver and ammonia, which he regards as the most effectual preparations, were given,—the first, in doses of one-twelfth of a grain; the second, one-fourteenth of a grain. The cyanide and iodide of silver were prescribed in doses of one-eighth of a grain. Oxide of silver, and silver in substance, from one-quarter to one-third of a grain. The whole quantity administered in a single case varied from five to seventeen grains, according to the preparation given and the obstinacy of the disease. Mr. S. recommends the salts of silver, in higher doses than those which he employed. It is to the smallness of his doses that he attributes his failure in two cases. As to the particular action of silver on the economy, Mr. S.'s experiments have thrown no light. There does not appear to have been any alteration in the secretions or the circulation. In fact, there is no symptom noticed as following the administration of this remedy, except a slight diarrhoea, or colicky pains, which occurred in a few cases only, and which he attributes to an epidemic influence then prevailing. It is scarcely necessary to mention, in conclusion, the various advantages which Mr. S. considers his remedy to possess over mercury, such as its not producing salivation, or any of those effects upon the skin and bones which are so generally attributed to the latter.

To prove the inefficacy of silver, at least in the secondary forms, we will annex the condensed histories of a few of the cases, which we have referred to in the commencement of this paper.

Hospital St. Louis, (Service of Mr. Bielt.)

PAPULOUS SYPHILIDE, (Syphilide Papuleuse.)

The subject of this observation, aged twenty-six years, was formerly a soldier. An illicit connexion, four years since, was followed by chancres on the glans penis. The patient put himself under the care of Mr. Lallemand, of Montpellier, by whom he was treated with the pills of Dupuytren,* (com-

posed of guaiacum, opium, and bichloride of mercury,) to which Mr. L. is particularly partial. The patient took two hundred and fifty pills, after which the chancres disappeared. Three years after, being at the time married, the ulcerations reappeared on the glans. The patient declares that he had not exposed himself to any cause which could have reproduced the disease. He entered the Venereal Hospital of Paris, and submitted to an antiphlogistic treatment. A cure followed. The patient entered St. Louis in the month of November, 1837. Shortly before his entrance, he was attacked by a violent periodical cephalagia, commencing towards sunset, gradually increasing for several hours, then declining and ceasing entirely towards day-light. A syphilitic eruption soon succeeded, and put a speedy end to this painful symptom. At his entrance, the eruption covered the whole of his body. He was immediately put upon the acetate of silver, in doses of one-quarter of a grain morning and evening. This treatment was continued for nearly three months, when, at the end of January, Mr. B. finding that with the exception of a considerable irritation of the alimentary canal, the patient's condition was the same as at his entrance, he discontinued the treatment, and immediately prescribed the proto-iodide of mercury. An improvement followed in a few days, when the patient becoming attacked with an angina which was at that time epidemic in the wards, a temporary cessation of the treatment became necessary. The improvement, however, which had been produced, continued. At the end of February, the patient, being cured of his angina, the proto-iodide was resumed, and on the 14th of April he left the hospital, perfectly cured.

Remarks.—This case presents one very important point, deserving notice. We refer to the nocturnal cephalagia, with which the patient was harrassed for some time previous to the development of the eruption. The relief that was experienced in this case immediately after the appearance of the papules, leaves no doubt that the cause of the former was a syphilitic tint. That syphilis may imitate many of the neuralgic and other affections, is, in the opinion of many, as well established as that it imitates in a greater or less degree most of the diseases of the skin. But the difficulty of diagnosis is much greater in one case than the other. In the latter, aside from the history of the patient, we have a certain colour of the eruption, compared to that of copper, which at once points out the nature of the disease. In the former, we have no one characteristic symptom. It is true that violent neuralgic pains of a syphilitic origin are usually more or less periodical, and occur for most part at night. We would refer to the excellent treatise of Messrs. Trousseau and Pidons on Therapeutics, article Mercury, for the histories of some interesting cases on this point; one, a case of epilepsy, cured by mercury, after all other remedies had failed,—another, that of a banker of Paris, in whom the disease simulated gastralgia, with pains and vomitings, which appeared every evening. These symptoms, which had continued for ten years, entirely disappeared as soon as the patient became salivated. Other cases are noted of periodical

Mr. B. says:—"These pills (Dupuytren's) ought never to be employed. The extract of guaiacum which they contain renders them so hard that they not unfrequently pass entirely through the alimentary canal without being dissolved. Besides, the opium diminishes in a great measure the alterative power of the bichloride."

neuralgia likewise cured by mercury. All these patients had had one or more attacks of syphilis some time previous. We think that in cases of neurosis, especially where the paroxysms occur at night, and where other remedies have failed, the physician should resort to mercury, though there be no local evidence of syphilis, provided the patient has had this disease previously.

PAPULOUS SYPHILIDE, (*Syphilide Papuleuse.*)

The individual, of whom we shall now speak, is thirty-six years of age, of small size, and very muscular. In February, 1837, he was attacked with gonorrhœa and chancres around the corona glandis. He placed himself under the care of a quack, whose remedies produced no effect upon the disease. In March of the same year, he entered the Veneral Hospital, where he was treated by sarsaparilla and emollient drinks. He left this hospital on the 15th of April, and a few days after he was attacked with symptoms which Mr. B. designated as venereal, such as wakefulness, severe cephalagia, deep seated pains in the bones. These were mistaken for the premonitory symptoms of an acute disease. The patient was, in consequence, bled, purged, and placed upon low diet. On the 26th of March, 1838, he entered the St. Louis. The day after his entrance, a papulous eruption made its appearance over the whole surface of the body; upon which the general symptoms, mentioned above, which had continued until then, disappeared entirely. The patient was put upon the chloride of silver, in doses of half a grain, morning and evening. On the 22d of April, not the slightest change could be noticed in the eruption. The silver was now discontinued, and the proto-iodide of mercury, one grain morning and evening, was ordered. A change in the symptoms was soon produced, and the disease advanced steadily towards a cure. On the 30th of June, the patient left the hospital.

Remarks.—In this case, as in the former, we observe the eruption followed by an immediate cessation of the cephalagia. The chloride of silver was given in doses much larger than by M. Serre, and continued for twenty-six days, without, in any degree, affecting the disease. Nor could we observe that it reduced any action on any of the organs. The alimentary canal was not at all disturbed.

SYPHILIDE TUBERCULO-ULCÉRANTE.—(*Bielt.*)

In consequence of a gonorrhœa contracted in 1831, an eruption appeared over the body of the patient, who is the subject of this observation. He was treated by his physician with the pills of Dupuytren. A cure followed this administration, but the disease reappeared in 1836. The patient then entered the Hôtel Dieu of Rouen, where he was treated by mercurial fumigations, which again effected a temporary cure. The disease again returned in a more aggravated form, without the patient having exposed himself to a fresh source of contagion. The disease continued increasing in severity until the 6th of April, 1836, when he entered the St. Louis. At this time, deep copper coloured ulcerations, with tubercles, covered his

face, body, and legs. There was ulceration of the fauces, and the velum palati was almost destroyed. The disease, in a word, offered all the characters of the variety described by Mr. B., as "*Syphilide Tuberculo-ulcérente.*" There was, in addition to the above symptoms, extreme emaciation and very anxious expression of countenance; and, to such a state of despair was he driven by his disfigured and frightful appearance, that, as he afterwards declared, he had intended committing suicide, if his condition had not been speedily ameliorated. The cyanide of silver was commenced in doses of one-twelfth of a grain, gradually increased. Irritability of the alimentary canal, increased instead of the ulcerations, both in depth and surface, followed the administration of silver. Alarmed at the aggravated state of the patient, the silver was discontinued by Mr. B., and the watery extract of opium, in doses of half a grain, night and morning, ordered in its stead. This treatment was continued for a month, at the end of which time, the irritability of the intestines having ceased, the opium was replaced by the proto-iodide of mercury, one grain night and morning. Six days after the administration of this remedy, a favourable change was noticed in the appearance of the eruption, which continued advancing, without intermission, until the 16th of June, when the patient was discharged, perfectly cured.

Remarks.—In this case the silver was continued but a short time, in consequence of the diarrhœa and colic, which supervened. We have noticed these symptoms so frequently in the cases which have come under our observation, and Mr. B. cites in his Clinical Lectures so many others, that we cannot but regard them as being produced, in many instances, at least, by the direct action of the silver. The effect of the opium, in this case, was such as Mr. B. usually anticipates from its administration, namely, calming the irritation of the alimentary canal, and thus preparing the system for the proto-iodide of mercury.

TUBERCULOUS ULCERATED SYPHILIDE,
(*Syphilide Tuberculo-ulcérente.*)

This patient, aged twenty-nine years, contracted, in 1830, chancres, followed by buboes. He consulted a quack, by whom he was treated and cured. But the patient could not say what was the treatment employed. In 1831, an eruption appeared over his body; he continued, however, his occupation of "chiffonnier," until January, 1838, when he entered St. Louis. Upon his entrance, the septum narium had ulcerated away, and the ossa palati were in a state of necrosis. The face, shoulders, and a part of the anterior portion of the chest, were covered by tubercles of various sizes, ulcerated at their apex. The treatment was commenced with the phosphate of silver, in doses of one-twelfth of a grain, the doses being gradually augmented. No effect following, the phosphate was discontinued, and the chloride given in its place in the same doses. This treatment was continued until the month of March, at which time the whole amount taken of this preparation was thirty-eight grains; no change was produced in the disease. The patient was now put upon opium for a month. On the 1st of April the proto-iodide of mercury was ordered

in the usual dose. A week after the administration of the first dose, Mr. B. pointed out a modification in the appearance of the ulcerations. These gradually assumed a healthy appearance, and became covered with thick crusts. In the month of June, the crusts commenced falling, leaving irregular and slightly rosy cicatrices, which finally assumed their usual whitish appearance. From being extremely emaciated, the patient acquired an ordinary degree of *embonpoint*. The cure was completed by the vapour baths. The whole amount of proto-iodide taken was sixty grains. On the 7th of August the patient left the wards.

TUBERCULOUS SYPHILIDE, (*Syphilide tuberculeuse*.)

This case was that of a man of temperate habits, aged about fifty-five years. In his youth he contracted a chancre, for which he used nothing but the local application of tobacco. In due time the chancres cicatrized; after which the patient continued free from any symptom of syphilis for the space of thirty-eight years; at the end of which period, an eruption appeared. The patient was at a loss to account for this, even when informed of its being evidently syphilitic, for he says that shortly after the chancres alluded to above had cicatrized, he married, and that he has had several children, all of whom have enjoyed good health, from their birth; and that he himself has led a correct and sober life, not having exposed himself anew since his marriage. At the entrance of the patient, small tubercles of a livid red hue about the size of peas, covered the whole surface of the body; but were more thickly grouped upon the face and shoulders. The cyanide of silver was immediately commenced, and continued for about a month, at the end of which period no change could be observed in the tubercles. Mr. B. was desirous of pushing this treatment still further, but an iritis supervening, it was discontinued for remedies in which he had more experience. Calomel and belladonna were ordered, and, in a short time, the iritis disappeared; but a second iritis almost immediately after attacked the other eye. The same remedies were prescribed, and the same effect followed. Then a double iritis was noticed; still the same treatment was followed by the same effect. In less than three weeks from the administration of the calomel and belladonna, the tubercles began sensibly to decline. In July there remained upon the body of the patient only some spots of a copperish colour, and some small cicatrices. The patient was then regarded as almost cured, when an iritis again attacked the right eye. The treatment with calomel and belladonna was again resumed. August the 24th, the patient was entirely well of the affection of the eye. Scarcely any marks remained of the eruption which had existed, except the minute cicatrices noticed above.

Remarks.—This case presents many points to be noticed. In the first place, we remark that silver produced no change in the tubercles, but that calomel and belladonna, given to combat the affection of the eyes, were soon followed by decided improvement. It is rare to observe such a succession of irites, as in the case of our patient. Another

point of interest is the length of the period which elapsed between the primary and secondary forms; thirty-eight years of incubation will, to many, seem incredible. Whether the system may remain under the influence of a chancre for such a length of time, without betraying itself by one or more known symptoms, is a point difficult to decide, and one upon which we will not give an opinion. Mr. B.'s practice in cases exhibiting a secondary eruption, is to examine the penis carefully, and, if he finds upon it the cicatrix of a chancre, attended with a slight loss of substance, he attributes to it the secondary symptoms, without regarding the time which may have elapsed between the one and the other.

In the above cases, which we have been obliged to condense very much, it will be seen, that the salts of silver have invariably failed in producing the slightest modification in the disease. Mr. B., in his Clinical Lectures, says that he has employed the different preparations of silver recommended by Mr. Serre, in a vast number of cases, and that he has continued the treatment until the amount taken was thirty grains, without having ever seen it produce "beneficial effects, and in some cases to the manifest injury of the patients."

In conclusion, we will beg to say a few words of the remedies which, in the hands of Mr. B., have been so successful in the treatment of this form of disease. The proto-iodide of mercury, introduced by him in the treatment of syphilides, is that to which he gives the preference. It is given in the form of a pill in doses of one grain, with an equal quantity of lactucarium, night and morning. This remedy, in his hands, rarely produces salivation. He employs, in conjunction, the vapour baths, which he regards as a powerful agent in completing the cure and restoring the healthy functions of the skin. Opium plays an important part in the formulæ of Mr. B. He employs it in cases where irritation of the stomach and bowels has been produced by the metallic preparation, or where the system generally is in a state of nervous irritability. His usual practice is to give one grain of the watery extract, morning and evening, during a month, and then he resumes the treatment with the proto-iodide. Mr. B. says he has often seen opium produce a decided amelioration in the disease, when all other remedies have failed. He has also remarked cases where a modification produced by the proto-iodide has continued under its use until a complete cure was effected. The liquor of Van Sweiten and sudorific drinks, are sometimes employed. Simple cerate is the only local application for the ulcers, and even this is but rarely used. In support of the treatment of Mr. B., which, from having long and carefully observed it, we can recommend, with the greatest confidence, we will quote the authority of Mr. Ricord. He says, "the preparation to which I now give the preference, not only in the treatment of the secondary, but also in that of the primitive symptoms, is the proto-iodide of mercury." Opium, he says, alone, or more frequently combined with other remedies, is one of the most useful agents in the treatment of this disease, and ought never to be neglected.

PARIS, September 18, 1838.

BIBLIOGRAPHICAL NOTICE.

MEDICAL CLINIC, Containing Diseases of the Encephalon. By G. ANDRAL. *Condensed and Translated by* D. SPILLAN, M. D. Philadelphia, 1838. 8vo. pp. 299.

IN the last two numbers of the Select Medical Library, we are favoured with a republication of Spillan's translation of Andral's Clinique. This is one of the many valuable medical works, which would never have been republished in this country, except in the cheap form of a library edition. The demand for works of this description is limited to a small number of readers; the greater part of the profession are not sufficiently acquainted with their merits to take the trouble requisite to import them; nor is every physician in circumstances to pay the heavy expenses of purchasing an English edition. A few in every large city will of course read such works in the original language, but their number is too limited to exercise much influence upon the profession generally.

A part only of the work is yet published, that on the diseases of the brain and nervous system, that is, the organic diseases of the brain; as the work does not include the functional disorders, numerous and important as they are. But the kind of information which it gives, is not the less valuable on that account, for we are greatly in want, in this country, of those facilities for comparing the symptoms of diseases with the anatomical changes to which they correspond, that can only exist in large institutions specially devoted to particular diseases. On this account, the profession in all parts of the world, is obliged in a great degree, to depend upon the information received from the French capital; and pathological discoveries, for the most part, originate in France. Valuable, however, as the works upon pathology may be, they must be read with certain allowances, and in a proper spirit.

On the one hand, American physicians are apt to commit the error of supposing that the treatment in France, and particularly in French hospitals is extremely inert. Now, although there is some foundation for this notion, it is in many respects erroneous. All physicians who are conversant with large hospitals, in which there is no exclusion of particular diseases, on account of their incurability, know that a very large proportion of patients who die, enter the hospital after having exhausted their pecuniary resources, and having vainly tried all means of treatment within their reach. These patients, who may be in some mea-

sure relieved, cannot of course be cured; as they constitute a large proportion of those who are admitted into the French hospitals; very little active medicinal treatment is directed for them. Now, when this state of things is known to exist, such a course is not only consistent with sound reason, but becomes a sort of duty towards the patients. Their lot is only embittered by the more powerful remedies, which may seriously annoy them, without at all increasing their chances of recovery. One great, some say the greatest, advantage yet derived from pathology, is the power which it gives us of recognising these cases, and of avoiding useless and painful measures. The work of Dr. Andral is certainly one of the best for rendering the reader familiar with incurable diseases: the lesions of organs occurring in diseases are discussed in connexion with each case, which is given in sufficient detail for us to be sure of its nature.

There is another error often committed by readers of this class of works. It is that of supposing them perfect in their kind; they are disposed to quote the statements of an author as a proof that certain relations of disease are always to be viewed in the light in which they may have appeared to the earlier investigators. We must remember, that all faithful descriptions of disease include but a portion of the phenomena properly belonging to them, and that they must in time be superseded by the works of other observers who have commenced their investigations where their predecessors have terminated. The value of a really true work is not lost, but it is modified and is diminished by every successive addition to our knowledge.

The greater part of the observations of Dr. Andral were made some years since, others have been added more recently. The inquiries of physicians have been so successfully directed to the investigation of cerebral diseases, that a portion of his work is already incomplete, and requires additions to bring it up to the present state of the science. The author was aware that some additional observations on the usual diseases of children were requisite for comparison with those of adults, and they would certainly have added new value to the work. It contains, however, so much useful and practical matter, that we need scarcely regret that any thing should be wanting. Its deficiencies can be readily supplied from other sources, while the vast amount of practical observations which are carefully analyzed and compared with the facts collected from other quarters, could scarcely have been elsewhere obtained.

The work was prepared by the author, during the delivery of his course of lectures on the dis-

eases of the brain, and in fact it contains most of the materials from which that course was prepared. The form is necessarily different from that of a course of lectures; less attractive, perhaps, but more convenient for practical reference. We well remember that it was a subject of deep regret with those who followed the course of Dr. Andral, a few years since, that no work then published was capable of supplying the materials which are necessary for a course of lectures, but which cannot well be introduced into the body of the course. The Medical Clinic not only supplies the deficiency, but retains much of the concise, nervous style, which is so characteristic of Andral's course on pathology.

We have one word more to say on the subject of the work, which is not susceptible of an analysis, but must be read and studied to be understood. It is the boldness, and we may say the propriety, of publishing cases which terminate fatally, rather than those which recover. Both fatal and successful cases have their use, but there is no question whatever that fatal cases give a more complete picture of a dangerous disorder than those which terminate favourably, and that they are even more useful in the therapeutic deductions which we glean from them. We may learn, at least, that a particular treatment did not cure the patient under the circumstances in which he was placed. If the disease proved fatal from causes within the control of the physician, he is bound to communicate them to the profession, that they may in future be avoided by others; if these circumstances were beyond his control, it is right to enumerate the various influences which may render a disease mortal.

Dr. Spillan has rendered so great a service to the profession, both in the British Islands and in America, by his laborious task, that we are not ungrateful enough to complain of the manner in which it is executed. The translation might have been written in better English, some errors might have been avoided, but they are not sufficiently grave or numerous materially to impair the general character of the work. The editor has in part corrected these errors, as the reader may perceive from the extract we make from Dr. Bell's preface to the present edition:—

"In this first American edition of the clinical experience of Andral on the Diseases of the Brain and its Meninges, we have made no change in the arrangement and narrative presented to us by the English translator, Dr. Spillan. We have, however, substituted, in many places, more idiomatic terms and phraseology for the gallicisms and French terms in which the English edition abounds.

Some of them have probably escaped our notice; but they will not, it is believed, detract from the intrinsic and indisputable value of the work, which may safely be pronounced to be the very first order of merit. The accusation of diffuseness brought, not without reason, against some French works, cannot apply to the productions of Andral's pen. In the present instance, there is no toying with the reader's attention,—no attempt to amuse him by analogies or speculations; but there is, on the other hand, a continuous description and detail of a class of morbid alterations of structure and of symptoms growing out of them, a knowledge of which, by American physicians generally, is not, we fear, as accurate as could be desired in the actual state of modern pathology. The suggestions thrown out by Andral are couched in a spirit of philosophic caution, which are in singular contrast with the hasty and premature induction so observable in medical writings on both sides of the Atlantic. We have retained all the notes, and the additions on the spinal marrow and its membranes, introduced by the industrious and able translator, Dr. Spillan.

THE MEDICAL EXAMINER.

PHILADELPHIA, OCT. 24, 1838.

As the season for medical studies is about commencing, we have thought that it would be agreeable to our friends at a distance to learn what are the facilities for medical instruction at Philadelphia, and in what manner the machinery of instruction actually works; for those who are conversant with such matters are fully aware that the public courses of instruction form but a portion of the whole system, and do not necessarily compose the most important part of it. We should wish to receive similar accounts of the modes which are in practice at other places. We allude, of course, to the instruction actually received by the student, whether from public or private sources. A knowledge of the various methods which are pursued, may make us somewhat acquainted with their practical defects, and thus aid us in suggesting such gradual improvements as the circumstances of the country and the profession will admit.

Persons particularly acquainted with the subject soon discover that changes of a mode of instruction, if suddenly attempted, are impracticable, and that all violent innovations annoy the pupil, perhaps induce him to content himself with an inferior course of study, and rarely persuade him to accept of the proffered improvements. The slowness of these changes or improvements in medical instruction may perhaps, in part, depend upon the reluctance felt by teachers to alter a course of instruction which, from habit, has become familiar

to them; but the active efficient course is much more deeply seated. It lies with the pupils themselves, and indirectly depends on the condition of the country and the eagerness with which every one presses into the career which he has chosen. Medical instruction follows the ordinary laws of supply and demand; if a particular kind of knowledge is required, there are always a sufficient number of physicians able to communicate it; or at any rate, there is a large body of men, capable and educated, who have abundant leisure to qualify themselves for any course of instruction which the student may desire.

There is no better illustration of this matter than is offered by the history of private instruction in Philadelphia. A few years since, but a very limited number of students availed themselves of the facilities for improvement offered by physicians unconnected with the school; this number was almost exclusively confined to those who passed the whole period of their studies at Philadelphia. Now, a very large number of students attend two public courses of lectures, and remain during the intervening summer vacation; making eighteen months of continuous study. Nor is this all, a very large proportion of those who are unable to remain during the summer months, are regularly examined by competent teachers, particularly in the session immediately preceding their graduation. This kind of instruction has been gradually established and from its nature was always directly proportioned to the willingness of the students to receive it.

On the other hand, an attempt has been made, by the schools of Philadelphia, to extend their term of studies, and has succeeded but indifferently. The truth is, that those students who are desirous of diligently pursuing their studies, are completely exhausted by the fatigue of following the numerous courses of lectures during the winter season, and are but little disposed to prolong their attendance beyond the four months which have been allotted to that purpose, from long established custom. A few will amuse themselves by attending a limited number of preliminary lectures, but almost none are willing to study in good earnest for a longer period than was previously thought necessary. The necessity of a more complete course is, however, very generally felt and acknowledged, but it must be something different from the former routine; and must be something which should, as it were, arise of itself, and be adapted to the wants of the profession.

In these remarks we are not disposed to undervalue efforts of this kind; we like to see them;

they are useful feelers, and must become established when they hit upon the right course. But we are anxious that such things should, in a great measure, be left to themselves, should be encouraged and be modified to meet the particular circumstances in which we are placed. It is the duty of established schools to aid in advancing the progress of medical science, and they may do this most effectually by requiring the largest amount of knowledge from those candidates for graduation, which can be expected from young men who have passed but a very short period in systematic study. This furnishes an additional stimulus, and calls attention to deficiencies, which are readily supplied as soon as they are generally admitted. These deficiencies must, sooner or later, be supplied, and we believe that empirical practitioners will be the most efficient agents in enforcing a longer and more careful course of studies on the part of the regularly educated physician. It will be found, that the mere title of a graduate in an incorporated school, is not sufficient to draw a line of distinction between a physician and one who usurps the name; it must be strongly drawn by superior attainments, which are only to be purchased at much expense of time and labour. If we are right in this view, the numerous systems of quacking, which are now so rife, will confer a lasting benefit on medical science, and indirectly upon those who have attained it by a self-denying sacrifice of pleasure and indolence.

We are contented, at present, with expressing our conviction of the necessity of improvements in the course of instruction generally pursued, and of the gradual manner in which they can be brought about. We propose, in our subsequent numbers, to show what opportunities for instruction are now afforded, and we shall, perhaps, suggest such further progress as may seem practicable. We are writing, of course, for the profession, and for the pupils who are soon to form a part of it. The desire for improvement must come from them; otherwise, teachers of medicine can do but little in the matter, however honest their intentions may be.

CLINICAL LECTURE.

LECTURE ON CLINICAL MEDICINE, *delivered at the Philadelphia Medical Institute, by W. W. GERHARD, M. D., Physician to the Philadelphia Hospital, &c.*

ORGANIC DISEASES OF THE HEART.

In my last lecture, I concluded the subject of the inflammations of the membranes of the heart; we now naturally come to treat of the organic affections of this organ. There are three great causes

of organic disease of the heart: 1st, inflammation of its membranes, especially the internal coat; 2d, functional disorder of the heart, if long protracted; 3d, the physiological changes occurring during the progress of life. Now, you may regard all cases of organic disease of the heart as produced by one of these series of causes, or by the concurrent action of more than one of them.

The most frequent cause of heart disease is probably inflammation, particularly in the earlier years of life. At one period I was disposed to underrate the influence of inflammation; but upon a closer and more continuous examination of the subject, I have been convinced that this cause is not only one of the most frequent, but also that it is more powerful and more immediate in its operation than either of the others. You must have seen enough of the progress of this form of disease, during the present course, to convince you of its frequency; and if you followed out the history of the cases with me, you must have seen that we arrived at our conclusions by the double chain of reasoning which affords the only approach to certainty in medicine. That is, we examined many cases of diseased heart very early during the active inflammatory period, and observed them to glide insensibly into organic lesions; while we met with other cases which had passed through the earlier stages of the disease before coming under our notice. In the latter class of cases, by careful investigation, we were enabled to trace back the succession of symptoms, until we arrived at an acute attack, previously to which no inconvenience whatever had been sustained by the patient. With the precautions we took, there was little probability of error; at any rate, there could be no serious error, for the patients, if not entirely well, were so nearly in a state of health, as to be unconscious of any unusual symptoms. The disease, therefore, was at least awakened from a latent into a decided form, by the action of an inflammatory cause. I believe, however, that in the large majority of these cases, there was no previous disease,—but that after the affection of the heart had once originated, its progress became in some degree independent of the original exciting cause, and, like all diseases of this organ, it is the cause of its own increase. Articular rheumatism very often gives rise to acute inflammation of the heart, and in this way becomes the starting point from which we may trace its organic lesions.

There is, however, another mode in which the irritation of rheumatism acts directly upon the heart without giving rise to positive inflammation. Thus, if a patient has been subject to transient rheumatic pains, which are renewed very frequently upon change of weather, and which shift suddenly from one portion of the fibrous tissue to another, you may from time to time hear him complain of acute pain in the heart, often shooting through this organ, and frequently accompanied with palpitations; now, as the palpitations and the pain become frequent, they give rise to a real increase in the size of the heart, and which may be in time followed by alteration of its valves. Thus, you may remark, that a slight degree of irritation produced by a rheumatic diathesis, is productive of disease of the heart, which is, however, of less immediate importance than that which follows an attack of acute inflam-

mation. The valves may often escape until a late period, and the whole disease is slower in its progress.

The second cause of organic disease of the heart is functional disorder of this organ; that is, when long protracted. You have seen comparatively few cases of this kind, although they are by no means rare. The functional causes are very numerous; intermittent fever, a disorder of the spinal nerves, chronic uterine disease, anemia, violent exercise, in short any disease which keeps the heart in a state of violent and very frequent action must in the end give rise to a disorder of this organ, which is usually dilatation. These cases are scarcely ever so severe as to require admission into an hospital, except on account of some other disease under which the patient is labouring; hence you scarcely ever see them in the uncomplicated form best adapted for study.

We see them at the close of intermittents which have broken down the constitution of the patient, or we observe them in the course of another disease which is somewhat aggravated by the alteration of the heart, particularly if the lungs should be the seat of it. The close connexion existing between these organs sufficiently explains the increased suffering which is necessarily produced by the double alteration. In hospitals, these cases are frequently seen as complications of disease of the lungs, particularly chronic bronchitis and emphysema. Disease of the heart is so frequent in these cases that you may often hear some confidently affirm the existence of dilatation, either simple or combined with hypertrophy, in patients who become asthmatic after a long continuance of chronic dry catarrh. In phthisis, the complication is by no means unfrequent, but it is confined to dilatation most frequently, and the tuberculous affection is much more developed in the left side than in the right; the patient suffers extremely from the violence of the palpitation. The condensed tissue of the left lung is, in these cases, placed immediately in contact with the heart and serves as a conductor of the impulse, while, at the same time, it materially increases its force by furnishing a solid tissue for the heart to impinge upon, instead of a soft elastic lung.

I have already stated that this form of disease is usually free from valvular lesion, and that it therefore interferes but moderately with the action of the heart. It may often be removed, in a great degree, by art, and when not susceptible of entire cure, may be so much relieved as to leave the patient in a state of comparative health. When you reflect upon the tendency of functional disease to terminate in organic lesion, the question may here naturally occur to you, whether it is possible to distinguish the moment when the disorder of the heart ceases to be merely functional. There is some difficulty in this matter, but, as you will afterwards learn, you may, with careful examination, separate the two forms of disease in almost every instance.

The last cause of disease of the heart, is that produced by the gradual physiological changes which occur in advanced life. This subject has been lately set in a very clear light by my friend Dr. Bizot, of Geneva, (see *Memoires de la Societe Medicale d'Observation*.) He has shown very sa-

tisfactorily that there is a necessary increase in the thickness of the parietes of the heart, after the middle age of life. He has, besides, demonstrated the gradual progress of cartilaginous and bony alteration of the valves, and of the larger arteries in aged patients. In certain individuals, particularly those of a gouty diathesis, the ossific deposit occurs to a much greater degree, and at an earlier period, than in the rest of mankind; hence, such persons are especially liable to disease of the heart with alteration of the valves. This lesion, in those individuals, is quite independent of inflammation, and is remarkable for its frequent occurrence in certain families, every member of which is sometimes cut off by sudden death from heart disease, after reaching a particular age. Of course, this variety is quite incurable, and all that we can do is to direct such hygienic means as may diminish the chances of a speedily fatal termination, and to recollect the complication of heart disease when these patients are attacked with an acute disease of a different kind, for our treatment may then require some modification.

You have seen the influence of all these causes of disease of the heart, and to you, my lecture is little else than a clinical demonstration; although, from the nature of the subject, I am compelled to throw a part into a form somewhat different from an ordinary clinical lecture. The subject is too complex for a clear understanding of it without some accurate previous knowledge, but if you examine your observations, after a full acquaintance with the physiology and pathology of the heart, you will find its disease characterized by great simplicity, and that, with slight exceptions, they are very readily recognised. Now, I do not intend to go very minutely into this matter, but I wish to render the subject clear enough for you to understand it.

We next come to the examination of the morbid conditions of the heart, which are regarded as organic diseases. These are thickening of the valves from a morbid deposit of cartilage or bone in their substances, and vegetation or thickening of their lining membrane, agglutination of the surfaces of the valves, and ulceration. The deposition of cartilage or bone takes place in aged persons, from an altered physiological condition, but under other circumstances you may regard all those lesions of the valves as the result of endocarditis. The exceptions to this rule are extremely rare.

Most severe organic diseases of the muscular substance of the heart commence by an alteration of the valves. This depends upon the fact, that any alteration in the outlet of a hollow viscus, necessarily brings about a change in the structure of the organ itself. Now you may regard the law as settled, that, "if a patient be robust and his nutrition be tolerably active," the viscus is dilated, and, at the same time, thickened. The increase of thickness of its walls merely keeps up the proportion between the size of the whole organ and its strength. If, however, the nutrition of the patient be enfeebled, you will find that this is not the case; the organ dilates, but there is no compensating thickening, hence the cavity of the organ is increased, while its power of contraction is decidedly diminished. Now, an obstacle to the passage of the blood from thickening or morbid growth upon

a valve, may be regarded as a necessary cause of dilatation of the heart, which, in most subjects, is, at the same time, combined with hypertrophy. I need not now call your attention to several patients in whom this process very obviously occurred, amongst them is Robb, to whose case I have so often alluded. This man, after his recovery from acute inflammation, in addition to the valvular disease, was, undoubtedly, attacked with hypertrophy and dilatation.

I just spoke of contraction of the valvular opening, as a cause of dilatation and hypertrophy of the heart, from the distention of the heart with blood, which passes slowly through a narrow orifice, and from the constant motion of the heart to get rid of the distending mass. Like all the muscular tissues, it is thickened from excess of action, but dilated from a cause which is almost purely mechanical. The morbid dilatation of the valves, or patescence, as it is sometimes called, is, however, attended with nearly the same results as their contraction; although the mechanism of the symptoms is somewhat different in the two cases.

When a valve is permanently contracted, the cavity of the heart containing the blood which is to pass through it necessarily labours with increased energy in an effort to force a given quantity of blood through a contracted opening, in the same time which was previously occupied by its passage through a larger orifice. The power of the muscular contraction must of course be proportioned to the size of the opening, the quantity of blood, and the vigour of the patient; if an accidental functional disorder of the heart should take place, this organ is thrown into a violent and temporary contraction, and the circumstances generally controlling its action are of course somewhat modified, so that the heart of a feeble patient, who happens to be much excited, may for the time beat with greater violence than that of an individual possessing much greater muscular strength. In a disease of the valves which prevents their closure, the rationale of the process by which the heart itself becomes dilated and hypertrophied, is not very different from that by which the same change follows contraction of the valves. The valves do not close completely; a portion of the blood which has just been expelled from a cavity, returns to it and dilates it beyond its usual limits; the heart must again contract with increased energy, for it has to propel not only the requisite quantity of blood, but another portion which does not pass forward in the general current that returns back to the same point from which it had started. Hence, on this account, whether the valves be dilated or contracted, a very similar change occurs in the conformation of the cavity which discharges itself through them, and the general symptoms of the two kinds of valvular alteration differ but little from each other, except in severity. Those arising from dilatation of the valves are, as a general rule, less intense than those which depend upon contraction, but in practice these two lesions are usually formed together, and the symptoms are somewhat complicated. The coincidence of the two lesions arises from the circumstance that a thickened valve projects towards the interior of the cavity of the heart, and from its

rigid, unyielding texture neither dilates fully when the blood is to pass through the orifice, nor is it as capable of completely closing it when the current of blood should be interrupted.

The symptoms of valvular disease I have already demonstrated to you when lecturing upon endocarditis. The signs which depend upon permanent disease of the valves, differ but little from those caused by the temporary thickening arising from a deposit of lymph between the two layers of lining membrane, or upon its free surface. You will find in both cases, the same roughness of the first sound of the heart, which amounts to a decided rasping sound, if the deposit consist of projecting excrescences or of bony spicula, while there is only a bellows sound, if the valves are simply cartilaginous and still flexible. The second sound is enfeebled, or entirely lost. These signs of course apply to contraction of the orifices. The roughness accords with the first sound of the heart, because the contracted valve presents an obstacle to the passage of the blood during the systole, which as you know gives rise to the first sound. The second sound, is entirely caused by the sharp contraction of the valves; hence, any cause retarding or preventing that contraction, tends to enfeeble this sound.

We have at this moment, several cases of the kind, and almost always can present you with illustrations, chiefly amongst the patients most advanced in age. I would refer you particularly to Elfrey, as a very appropriate example of intense rasping sound in the systole, and very faint sound during the diastole of the heart.

You will almost always find that the rasping sound, occurring during the systole, arises from vegetations or bony deposits at the semi-lunar valves of the aorta; they must impede the passage of the blood from the left ventricle into the aorta, and thus give rise to the rasping sound. But the semi-lunar are not the only valves which may produce a rasping in the first sound. If the mitral valve remains widely open during the systole, the column of blood may be forced backwards from the ventricle. It will then produce very nearly the same sound as if it were repulsed by some obstacle to its passage arising from the projection inwards of the aortal valve. The alteration of the sound caused by the regurgitation of the blood from the ventricle, is however much less striking than that arising from contraction of the semi-lunar valves, and therefore less easily recognised.

There is another form of simple valvular disease which you should recollect; that is, the patescence or dilatation of the aortal valves, without any obvious contraction. The effort of this is, of course, to allow the blood to pass both through the mitral and aortal valves during the dilatation of the ventricle. Neither sound of the heart is lost, but they are somewhat confused; the second sound loses its clearness, and very nearly resembles the first. The dilatation of the valves to which I allude, occurs chiefly in hypertrophy and dilatation of the heart, and is rather a secondary than a primary lesion.

Vegetations upon the mitral valve sometimes occur, and interfere more or less with its functions, without necessarily impeding the passage of the

blood through it. I once saw a case of this kind, in which there was no marked alteration of either sound, but merely extreme irregularity of the heart's action, recurring in paroxysms. These would again cease, and the patient be left in quiet for several hours together. Agitation of any kind would remove these palpitations. There was a concretion attached to the side of the mitral valve, of the size of a small hazle-nut; not sufficiently to prevent the passage of the blood, but large enough, at times, to impede the action of the valve. Probably, when the heart was beating in a very regular manner, the lesion was of little consequence, but when the activity of the circulation was such that the valve must close with great rapidity, an impediment of the kind formed a serious obstacle to the passage of the blood. The patient was attended by my friend, Dr. Hays, at whose request I made the examination of the body.

Contraction of the mitral valve, is a very serious lesion of the heart, and when it extends to a great degree, must cause a roughness during the diastole of the heart. But if the aortal valves remain healthy, you will be not a little puzzled; for you may detect a normal second sound, more or less mingled with the roughness caused by the passage of the blood into the ventricle during the diastole of the heart. You will find a difficulty in understanding this subject, and I think it better to postpone the consideration of it to another lecture, as I think it essential for you to study the diseases of the heart in their simplest forms, before proceeding to the cases which are more obscure.

CLINICAL REPORTS.

PENNSYLVANIA HOSPITAL.

List of Accidents, discharged from the Pennsylvania Hospital, from Sept. 19, to Oct. 18, 1838.

[Reported by J. F. MEIGS, M. D., Resident Surgeon.]

DISCHARGED, cured, October 5th, a case of simple fracture of both bones of the leg, having been treated for the first forty-two days with the fracture-box, afterwards with paste-board splints, which were continued until a few days before the discharge, which was on the seventy-first day after the accident.

Discharged, cured, on the 3d of October, a case of simple fracture of both bones of the leg, which had been treated for the first forty-four days with the fracture-box, then with paste-board splints, for the space of two weeks, and discharged on the eighty-ninth day after the accident. The case of fractured humerus, within the anatomical neck, reported in No. 20, was discharged, cured, with perfect use of the limb on the 13th of October, the splints having been removed on the thirty-seventh day, and a sling merely substituted, the patient leaving the house on the fortieth day after the accident.

Discharged, cured, on the 3d of October, the forty-fourth day after the accident, a case of fractured fibula, which had been treated for the first thirty-nine days with the fracture-box, afterwards with the paste-board splints.

Discharged, cured, October 13th, the forty-first day after the accident, a case of simple fracture of the fibula above its middle, in a boy eleven years old, which had been treated for the first twenty-

six days with the fracture-box, afterwards with the paste-board splints.—Admitted, September 24th, a case of lacerated wound of the integuments over the right mastoid process, caused by a blow from a stone; there was slight hæmorrhage from the ear, no fracture of the cranium, nor any symptoms of concussion or compression of the brain. Wound dressed with lint and adhesive strips; symptoms of mania-a-potu came on, which were relieved by opiates and a blister to the back of the neck, the patient being discharged cured, in eleven days.—Admitted, September 30th, a case of strangulated inguinal hernia of the right side. The hernia in this case was of long standing, the patient having worn a truss for years; on the morning of the day of his admittance, he had removed the truss for a short time, during which the bowel descended, and he found it impossible to reduce it; he soon afterwards was attacked with severe pain and constriction in the abdomen, upon which he sent for a physician, who bled him largely and attempted the reduction of the bowel; but not succeeding he was brought to the hospital, about six hours after the accident, when he complained of severe pain and constriction in the abdomen, and of soreness in the tumour. He was immediately placed in a warm bath, and as he had been costive for several days, an injection was ordered, which produced a free stool. He remained in the bath for the space of half an hour, during which time the truss was used without effect, excepting slightly to diminish the size of the tumour, which appeared to consist entirely of intestine filled with hardened fæces. He was now placed in bed, and the taxis again used without effect, upon which, as the symptoms were not very urgent, cloths, wrung out with water as hot as he could bear, were applied to the scrotum for a short time, and the taxis being again attempted, the reduction was effected about two hours and a half after his entrance. He was ordered to keep quiet, and as no bad symptoms supervened, was discharged in a few days.

Admitted, October 13th, a case of gun-shot wound of the abdomen, the patient having shot himself a few hours previously with a pistol, loaded with ball. When admitted, he was very much exhausted, the face being pale, the extremities cool, and the pulse frequent and weak with vomiting of small quantities of blood. Upon examination it was found that the ball had entered opposite the cartilage of the eighth rib of the left side; the hæmorrhage was very slight, and the ball could not be found; and lint was applied over the wound by means of adhesive strips; the patient placed in bed, and entire rest enjoined. Died thirty hours after admittance. Upon examination, it was found that the ball had passed through the cartilage of the rib, at the point where it joins the osseous portion, through the diaphragm, had perforated the left edge of the liver, passed through both the anterior and posterior fæces of the cardiac extremities of the stomach, struck the kidney, causing a considerable ecchymosis beneath its external coat, and then passed out of the cavity of the abdomen, being removed from just beneath the integument of the loins.—Admitted, October 8th, a case of severe contusion of the back caused by a

fall. When admitted, several days after the accident, there was considerable swelling and contusion over the dorsal vertebræ, with severe pain moving; there was no paralysis of any part, the functions of the rectum and bladder being perfect. The man was placed in bed, cupped repeatedly in the back, and ordered low diet, under which treatment he recovered, and left the house well at the end of nine days.

FOREIGN SUMMARY.

IN the London Medical Gazette for July, we find a new mode of administering colchicum in rheumatic gout, which we think may prove important. We often gain more by discovering a new and useful method of administering an old remedy, than by introducing one yet untried. We have seen so many modes of treating the acute rheumatic affections prove more or less incapable of subduing the disease, that we are desirous of testing the value of new modes of treatment, provided they come well recommended. The present mode of giving colchicum, comes from Mr. Wigan, a respectable practitioner of Brighton:

“The powdered root of colchicum is, then, the specific on which I depend. It is an old remedy, but the mode of administration is new, and entirely my own. If the bowels be loaded, I begin by an enema of decoct. aloës, but this does not delay the use of the colchicum. The dose, eight grains every hour, taken in the medium most acceptable to the patient—plain water, sugar and water, apple tea, ginger tea, or other analogous fluids, changing them from time to time, even with the successive doses, if necessary, according as the stomach is more or less irritable, or the palate more or less capricious. The point of saturation, as I call it, (for want of a better term,) is very uncertain, varying so much with different individuals, that although the usual quantity is eight or ten doses, I have known some take fourteen, and others unable to bear more than five. In every case it is to be repeated till active vomiting, profuse purging, or abundant perspiration take place; or at least till the stomach can bear no more. If a slight nausea comes on after three or four doses, (I have never seen it so soon as the fourth,) a quarter of an hour's delay may be allowed. A lump of sugar, dipped in brandy or eau de Cologne, a wine-glass of soda-water, or any thing else the patient wishes for, in small quantity, may be given. Sometimes a small slice of lemon kept in the mouth will turn away the nausea, and enable him to bear a few more doses; the main object in all cases being to get into the stomach the largest quantity that it can be induced to receive. Even two doses taken at once would be rejected by a patient, who will thus gradually bear a dozen. The most usual course of things is this. At the end of the sixth or seventh dose a slight nausea comes on. By keeping quite still, turning away the thoughts by conversation, or listening to an amusing book, coaxing the palate with a slice of lemon, a clove, or some such thing, three or four more doses can be received, when the

disgust becomes, perhaps, unconquerable. After this there is generally sound sleep, with occasional nausea on waking. The pain ceases, but the more active effects of the colchicum do not take place for some hours after the last dose. Distressing as is the state of the patient when under the full influence of the medicine, it still does not exceed an ordinary sea-sickness; and when this has been endured for a few hours, it is succeeded by the elysium. The inflammation of the joints subsides, and they resume their natural size with miraculous rapidity. The acidity of the perspiration ceases, as well as the peculiar odour, which enables the experienced practitioner to recognise the disease on entering the room, before he has asked a single question. As soon as a cup of souchong tea can be retained, a sound sleep comes on, from which the patient awakes perfectly well. When circumstances will admit of it, I prefer to give a breakfast of bread and butter and tea only, very early in the morning, and two hours afterwards commence the colchicum. No more food will be required that day, but tea may be given abundantly, with bread sopped in it, if required. It will be well to indulge the returning appetite very sparingly on the day following, on which, however, we may allow a small snap of devilled meat, and rice boiled plain as for curry, which will generally be the things most acceptable to the stomach. A small quantity of good curry itself is not objectionable to those who have been accustomed to that luxury. In the subsequent treatment I have no reason to think that any precaution is necessary. The patient may resume his ordinary diet as soon as the appetite dictates. I have never seen a relapse.

"The colchicum, it is obvious, should be preserved with care. The best mode, I believe, is to grind it, at the proper season, with twice or thrice its weight of fine sugar, into an impalpable powder, when, should it accidentally become damp, it is safe from injury.

"It is better, if possible, that the patient should not be aware of the direct effects expected until they take place, in order that the imagination may not anticipate and interfere with the process."

Researches on the Causes of Abortion. By MADAME BOIVIN.—Madame Boivin, the distinguished *sage-femme* of Paris, Doctor of Medicine, and chief inspectress of the Royal Maison de Santé, &c., has recently published some excellent remarks on "One of the most frequent and least known causes of Abortion." Her researches have been evidently conducted with great skill and fairness, alike in the examination of the symptoms during life, and of the morbid appearances found on dissection. We cannot do better than report two or three of her illustrative cases, for the purpose of pointing out the nature of the *cause*, which in her opinion gives rise so frequently to miscarriages.

"Madame Kall, twenty-seven years of age, mother of three children, was seized with pleuritic symptoms after exposure to cold. Miscarriage came on: the foetus was about five months old. She died on the tenth day after the commencement of her illness.

Dissection.—(We shall confine our remarks to the state of the uterus and its appendages.) The

broad ligaments, the Eustachian tubes, and the ovaries, were grouped or matted together, and adhered to the posterior surface of the uterus. The adhesion was so close, as to require the use of the scalpel to sever it. In the conglomerated mass numerous small tubercles, varying in size from a millet-seed to a pea, were discovered.

It is evident that, *such being the condition of the uterine appendages, the womb could not expand and develop itself, but with extreme difficulty.* Abortion must therefore have come on, although no affection of the chest had supervened. The uterine ligaments being morbidly affected could not readily expand and yield to the gradually increasing distention of the womb: their resistance became the cause of excitation, and a miscarriage was the consequence."

From these short details our readers will be able to understand the reasoning of Madame Boivin, as respects *one of the most frequent and least known causes of abortion.* She adduces many other examples to prove the existence of some morbid change of the uterine appendages in cases of miscarriage. This change, whatever may be its character or appearance on dissection, seems to be almost always the result of some slow, unhealthy inflammation. In some cases, the agglutination of the uterine appendages is found associated with the formation of purulent deposits between the uterus and rectum. Such cases usually occur in scrofulous subjects.

It may now be asked, is there any method of ascertaining, or even of suspecting, the existence of a morbid change in the uterine appendages during life? and, if so, are there any remedial means to remove it?

We must confess that the diagnosis of such a disease is always most difficult and uncertain. The following symptoms may, however, be mentioned as, to a certain degree, indicative of its presence. Menstruation is usually attended with severe pain and suffering; there is often a continual bearing-down and sense of dragging as well during menstruation as during micturition; the evacuation of the bowels too occasions the same feeling; there is often an acute or a dull oppressive pain in one or both groins, extending upwards to the loins and downwards to the limbs; and there is always more or less of leucorrhœal discharge.*

With respect to the treatment of such cases, Madame Boivin informs us that the local use of mercury, the inunction of the mercurial ointment on the groins, thighs, &c., continued so long as gently to affect the system, will often succeed, not only in restoring the health of the patient, but also in removing the tendency to subsequent miscarriages.

Madame Boivin does justice to Dr. Granville of

* There is one very important symptom to be ascertained by manual examination, which especially merits the attention of the physician,—we allude to the frequent partial displacement of the neck and orifice of the uterus, and to the *diminution of its natural mobility*, when pressure is made on it by the finger.

The following remarks by Madame Boivin appear to us highly interesting:—"As in the morbid affection of the uterine appendages it is rare that the womb retains its normal degree of mobility, it is therefore of great importance in all cases of irregular menstruation, or of obstinate leucorrhœa, to determine if the womb, independently of the healthy condition of its orifice, preserves all the freedom of movement which results from the normal state of its ligaments, and of the ovaries and Eustachian tubes."

London, in giving him the credit of having suggested this practice in his "Obstetrical Report of the Westminster Dispensary," published many years ago. Dr. G. adduced several cases, which very satisfactorily proved that the tendency to miscarriages may very often be checked by the *mercurial treatment*, in the way of inunction.

The other remedy, recommended by Madame Boivin, is the hydriodate of potash.—*Med. Chir. Rev., from Recherches sur l'Avortement, par Madame Boivin.*

Microscopical Researches on the Composition of the Vaccine Fluid. By M. DUBOIS, of Amiens.—[This is a memoir read before the Royal Academy of Medicine: we can only find room for the concluding part of it, which gives the summary of the results obtained.]

1st. The vaccine virus, whether liquid or dry, shows no signs of globules.

2d. The same virus, examined by means of the strongest magnifiers, shows no traces of animalcules.

3d. In its recent state, (that is to say, during the first hours that follow its removal from the pustule,) this virus is remarkably fluid and limpid: by degrees it takes a more solid form and shows a kind of crystallization.

4th. In its state of desiccation, we observe two orders of physical arrangement: viz., 1, lengthened lines, both opaque and transparent, and very slightly interlacing; and 2, a very minute net-work.

5th. These arrangements are essential to good vaccine lymph, and show themselves in all cases exactly in the same way.

6th. When these appearances of the virus are not to be found, the vaccine has lost its contagious properties.

7th. These material conditions may fail either from an anomalous development of the pustules, and consequently from a constitution previously vitiated, or from accidental causes.

8th. A high and low temperature (ebullition and congelation) hinder the establishment of these physical arrangements.

9th. When the vaccine virus, through the operation of these causes, has not been able to form itself in this way, it loses its contagious properties.

10th. It is not by killing the animalcules that a high and low temperature destroy the properties of vaccine, but by altering its material conditions.

11th. Microscopic examination of the fluid can assist in determining the existence or non-existence of its preservative properties.—*Bull. de l'Acad. Roy. de Med., 30 Avril, 1838.*

A Mode of relieving Patients labouring under Enlargement of the Veins of the Testicle.—When cases of varicocele, are allowed to proceed without any active means being adopted for their relief, the patients may experience much inconvenience from pain in the loins and spermatic cord, and frequently are incapacitated from walking any considerable distance.

P. W., aged nineteen, applied to me in the year 1832, in consequence of a circocoele of very large dimensions, which had existed two years, and had

been progressively getting worse. The veins were distended to the size of a large apple; so much was he inconvenienced, that a walk of half a mile produced great pain in the back and spermatic cord. After a consultation with Sir Astley Cooper, cold lotions, suspensory bandages, &c., having been employed without affording the slightest relief, Sir Astley recommended the removal of a portion of the scrotum. To this proceeding the patient would not consent. I therefore adopted the following mode of treatment:—A ring, about an inch in diameter, made of soft silver wire, of a suitable thickness, was padded, and covered with wash-leather. Through this I drew the lower part of the scrotum, whilst the patient was in the recumbent position, and the veins comparatively empty. I then pressed the sides of the instrument towards each other with sufficient force to prevent the scrotum escaping. The use of this instrument every morning before the patient rose from his bed, enabled this gentleman to walk nineteen miles on the third day after the first application; and although he has for six years worn an instrument of this description, he has never experienced the least inconvenience. And I may add, that other patients, (and amongst them medical friends,) labouring under varicocele, have found the greatest relief from this simple contrivance.—*Lond. Med. Gazette.*

Dilatation and Contraction of the Pupil after Death.—In the report of an autopsy of a case of hydrophobia, furnished in the Edinburgh Medical and Surgical Journal, it is stated: "That a phenomenon, worthy of attention, which has not yet been observed, so far as known to the reporter, in this disease, occurred when examining the eyes. The iris exhibited the same motions as in life. The pupil dilated itself, on covering the eye with the eyelids, and again contracted as soon as the light was admitted. These alternated motions were as lively as during life. The colour of the iris was not changed; it was of blue gray, and had only acquired a lustre or brilliancy, which might be called phosphoric. This sensibility of the iris was excited many times, and more than twelve hours after death."

Adulteration of Opium.—A large quantity of adulterated opium has, it is said, been recently imported from England to Havre, and thence conveyed to Paris. The fraud was fortunately detected by the circumstance of about 120 pounds having been sold to the Pharmacy attached to the Parisian Hospitals. The director immediately detected the fraud, and gave information to the proper authorities, and the whole of the adulterated material was seized at the stores of three wholesale druggists. This opium bears the strongest resemblance to the pure opium of Smyrna. Its taste is analogous to that of good opium, but its smell is a little weaker; neither the watery nor the alcoholic solutions are precipitated by ammonia. This opium presents a characteristic which has hitherto been regarded as a mark peculiar to the genuine drug, viz., the presence of transparent thin layers in the vertical section.—*Jour. de Pharm. July, 1838.*